

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155148		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/24/2011	
NAME OF PROVIDER OR SUPPLIER  NORTH PARK NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 650 FAIRWAY DRIVE EVANSVILLE, IN 47710			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for the Investigation of Complaint IN00090565.</p> <p>Complaint IN00090565 - Substantiated. Federal/State deficiencies related to the allegations are cited at F309, F333, F425, and F514.</p> <p>Survey dates: May 23 and 24, 2011</p> <p>Facility number: 000069 Provider number: 155148 AIM number: 100288980</p> <p>Survey team: Anne Marie Crays RN</p> <p>Census bed type: SNF: 18 SNF/NF: 81 Total: 99</p> <p>Census payor type: Medicare: 18 Medicaid: 70</p>			F0000	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation and requests a Desk Review on or after June 7, 2011. Within the attachments are re-education forms and Continuous Quality Improvement forms to support the facility's request for Desk Review.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155148		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/24/2011	
NAME OF PROVIDER OR SUPPLIER  NORTH PARK NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 650 FAIRWAY DRIVE EVANSVILLE, IN47710			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0309 SS=D	<p>Other: 11 Total: 99</p> <p>Sample: 4</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 5/25/11 by Suzanne Williams, RN Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on interview and record review, the facility failed to ensure a resident was assessed for pain and the administration of a narcotic pain medication by a licensed nurse, for 1 of 3 residents reviewed for pain assessment, in a sample of 4. Resident C</p> <p>Findings include:</p> <p>1. On 5/23/11 at 2:00 P.M., the corporate nurse provided a memo, dated 5/23/11. The memo included: "...Following is review of scope of</p>			F0309	<p>It is facility practice to ensure residents are assessed for pain and the administration of a narcotic pain medication by a licensed nurse.1. Resident C: First medication error occurred at 1010. Assessment was done by LPN at 1100 which revealed vital signs as follows: BP (158/74), Heart Rate (88), Respirations (36), Oxygen Saturation (92%), Temperature AX (97). At 1455 the second medication error occurred. Assessment was done by LPN at 1630 which revealed vital signs as follows: BP (141/90), Heart Rate (89), Respirations (18), Oxygen Saturation (92%), Temperature (97.5).Resident C was a Hospice resident, was in active phase of dying when errors occurred,</p>		06/21/2011

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155148		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 05/24/2011	
NAME OF PROVIDER OR SUPPLIER  NORTH PARK NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 650 FAIRWAY DRIVE EVANSVILLE, IN47710			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>practice for QMA's. 1. QMA's cannot give PRN [as needed] medications without the Charge Nurse doing assessment on resident and must sign with you on the MAR [medication administration record]...Remember it is out of your scope to do any type of assessment - you must get the Nurse."</p> <p>2. The closed clinical record of Resident C was reviewed on 5/23/11 at 1:00 P.M.</p> <p>A Physician's order, dated 5/9/11, indicated, "Roxanol 20mg/cc 1/4 cc q [every] 1 hour prn [as needed] pain, air hunger...."</p> <p>A narcotic sign-out log indicated Resident C received Roxanol on 5/10/11 at 10:10 A.M. and 2:55 P.M., and was signed out by QMA # 1. The entries were not co-signed by a licensed nurse.</p> <p>Nurses Notes indicated the following notations:</p>				<p>resident expired on 5-12-11 - 2 days post medication errors. 2. On 5-20-11 a 100% audit was completed by DNS/DNSS/Designee on 5-20-11 all narcotic medications, both tablet and liquids, with no errors found. Licensed nurses and QMA's were re-educated on the following by DNS/DNSS/Designee on 5-23-11: 1. Review of scope of practice for QMA's 2. QMA's cannot assess for any use of PRN medications 3. Charge Nurses must assess prior to and after medications have been administered and document the need for PRN medications QMA's were 1 on 1 re-educated regarding scope of practice to include that QMA's are to get a licensed nurse when a resident is requesting a PRN medication, this was completed on 05-25-11 by DNS/DNSS/designee. Education included scope of practice for QMA's by DNS/DNSS/Designee on 5-23-11:</p> <ul style="list-style-type: none"> <li>· QMA Cannot assess for PRN medications pre and post.</li> <li>· The Licensed nurse must perform assessment pre and post PRN medication.</li> <li>· Licensed Nurse must complete documentation of assessment on back of MAR.</li> </ul> <p>Licensed Nurses and QMA's were re educated by DNS/DNSS/Designee completed on 05-25-11 on:</p> <ul style="list-style-type: none"> <li>· 5 Rights of Medication Administration to include:</li> <li>· Right Resident</li> <li>· Right</li> </ul>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155148		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 05/24/2011	
NAME OF PROVIDER OR SUPPLIER  NORTH PARK NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 650 FAIRWAY DRIVE EVANSVILLE, IN 47710			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>5/10/11 at 11:00 A.M.: "Family @ bedside...Comfort measures continued. Not eating, Oral care given...."</p> <p>Further documentation of the reason for the Roxanol administration, or the effect of the drug on 5/10/11 was not in the nurses notes.</p> <p>The Medication Administration Record [MAR], dated May 2011, indicated, "Roxanol 20mg/cc 1/4 cc [every 1 hour] PRN pain, air hunger." The MAR had an initial dated 5/10/11 and untimed. The reverse of the MAR lacked documentation of the time, reason, or results of the Roxanol.</p> <p>On 5/23/11 at 1:45 P.M., during an interview with the acting Director of Nursing [DON], she indicated she inserviced both the QMA and the charge nurse that the nurse should have done an assessment of the resident prior to the administration of the medication,</p>				<p>Dose· Right Medication· Right Route· Right time 3. Pharmacy will complete 100% audit of medication carts, check orders and Medication Administration Log to ensure compliance to be completed by 06-15-11.Licensed nurses and QMAs were re-educated on the following by DNS/DNSS/Designee on 5-23-11: 1.Review of scope of practice for QMAs 2.QMAs cannot assess for any use of PRN medications 3.Charge Nurses must assess prior to and after medications have been administered and document the need for PRN medications 4. Licensed Nurses must visually review any PRN medication before administration of medication to resident.QMA's were 1 on 1 re-educated regarding scope of practice with DNS/DNSS/Designee, to include the QMAs are to get a licensed nurse when a resident is requesting a PRN medication-this was completed on 05-25-11. Education included scope of practice for QMA's: · QMA Cannot assess for PRN medications pre and post. · The Licensed nurse must perform assessment pre and post PRN medication.</p> <p>4.DNS/DNSS/Designee will use the: · Licensed Nurse must complete documentation of assessment on back of MAR. Licensed Nurses and QMA's were re educated by</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155148		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 05/24/2011	
NAME OF PROVIDER OR SUPPLIER  NORTH PARK NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 650 FAIRWAY DRIVE EVANSVILLE, IN47710			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	and then followed up with an assessment of the resident afterwards.  This federal tag relates to Complaint IN00090565.  3.1-37(a)				DNS/DNSS/Designee completed on 05-25-11 on: · 5 Rights of Medication Administration to include:· Right Resident· Right Dose· Right Medication· Right Route Right time4.DNS/ADNS/Designee will use the: Quality Performance Tool-Medication Pass Observation to include focus on QMAs and all staff dispensing medications, 3 QMAs or Nurses 3wxkx4weeks, 1 QMA or Nurse 1wxkx4week by DNS/DNSS/Designee. Any errors noted will result in one on one re education with DNS/DNSS/Designee. Quality Improvement Tool Medication Errors will be completed by DNS/DNSS/Designee to focus on QMAs and any staff dispensing medications 2wxk4wks; 1wxkx4wk any errors noted will result in one on one re education with DNS/DNSS/Designee. Quality Performance Improvement tool for Assessments will be completed by DNS/DNSS/Designee 2wxkx4weeks, then 1wxkx4weeks on 5% of charts. Any errors noted will result in one on one education with DNS/DNSS/Designee. Results from audits will be reviewed during monthly facility QAA committee meetings. QAA committee will determine if any other further monitoring is necessary. 5. Compliance date will be 06-21-11.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155148		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 05/24/2011	
NAME OF PROVIDER OR SUPPLIER  NORTH PARK NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 650 FAIRWAY DRIVE EVANSVILLE, IN47710			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0333 SS=D	<p>The facility must ensure that residents are free of any significant medication errors.</p> <p>Based on interview and record review, the facility failed to ensure a resident received the correct dosage of Roxanol, a pain medication, for 1 of 4 residents reviewed for medication usage, in a sample of 4. Resident C</p> <p>Findings include:</p> <p>1. On 5/23/11 at 2:00 P.M., the corporate nurse provided the current facility policy on "Medication Administration," undated. The policy included: "...Before giving a medications [sic] the nurse must follow the FIVE 'R's' THE RIGHT RESIDENT, THE RIGHT MEDICATIONS, THE RIGHT DOSE, THE RIGHT ROUTE, THE RIGHT TIME...."</p> <p>2. The closed clinical record of Resident C was reviewed on 5/23/11 at 1:00 P.M.</p> <p>A Physician's order, dated 5/9/11,</p>			F0333	<p>It is the policy of the facility to ensure that residents are free of any significant medication errors.</p> <p>1. Resident C: First medication error occurred at 1010. Assessment was done by LPN at 1100 which revealed vital signs as follows: BP (158/74), Heart Rate (88), Respirations (36), Oxygen Saturation (92%), Temperature AX (97). At 1455 the second medication error occurred. Assessment was done by LPN at 1630 which revealed vital signs as follows: BP (141/90), Heart Rate (89), Respirations (18), Oxygen Saturation (92%), Temperature (97.5). Resident C was a Hospice resident, was in active phase of dying when errors occurred, resident expired on 5-12-11 - 2 days post medication errors.</p> <p>2. On 5-20-11 a 100% audit was completed by DNS/DNSS/Designee on all narcotic medications, both tablet and liquids, with no errors found. Licensed nurses and QMAs were re-educated on the following: 1. Review of scope of practice for QMAs 2. QMAs cannot assess for any use of PRN medications 3. Charge Nurses must assess prior to and after medications have been administered and document the need for PRN medications QMA's were 1 on 1 re-educated regarding scope of practice with DNS/DNSS/Designee - this</p>		06/21/2011

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155148		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 05/24/2011	
NAME OF PROVIDER OR SUPPLIER  NORTH PARK NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 650 FAIRWAY DRIVE EVANSVILLE, IN 47710			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>indicated, "Roxanol 20mg/cc 1/4 cc q [every] 1 hour prn [as needed] pain, air hunger...."</p> <p>Nurses Notes, dated 5/11/11 at 10:00 A.M., indicated, "Incorrect dose of Roxanol given to resident...MD and family notified. Resident stable...."</p> <p>A Pharmacy narcotic log indicated the resident received Roxanol 1 cc, instead of 1/4 cc, on 5/10/11 at 10:10 A.M. and 2:55 P.M.</p> <p>On 5/23/11 at 1:45 P.M., during interview with the acting Director of Nursing [DON], she indicated she was notified of a discrepancy in the narcotic medication count on 5/10/11. The DON indicated her investigation revealed QMA # 1 administered the incorrect dose of 1 cc of Roxanol twice on 5/10/11. The DON indicated QMA # 1 did not read the order correctly. The DON indicated the resident was in the dying process, and did not suffer adverse effects. The DON</p>				<p>included that QMA is to get a licensed Nurse when a resident is requesting a PRN medication, this was completed on 05-25-11. Education included scope of practice for QMA's: · QMA Cannot assess for PRN medications pre and post. · The Licensed nurse must perform assessment pre and post PRN medication. · Licensed Nurse must complete documentation of assessment on back of MAR or in the nurse's notes. · Licensed Nurses must visually review any PRN medication before administration of medication to resident if given by QMA. Licensed Nurses and QMA's were re educated by DNS/DNSS/Designee completed on 05-25-11 on: · 5 Rights of Medication Administration to include:· Right Resident· Right Dose· Right Medication· Right Route· Right time 3. Pharmacy will complete 100% audit of medication carts, check orders and Medication Administration Log to ensure compliance to be completed by 06-15-11. Licensed nurses and QMAs were re-educated on the following on 5-23-11: 1.Review of scope of practice for QMAs 2.QMAs cannot assess for any use of PRN medications 3.Charge Nurses must assess prior to and after medications have been administered and document the need for PRN medications on back of MAR or in Nurse's notes.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155148		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/24/2011	
NAME OF PROVIDER OR SUPPLIER  NORTH PARK NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 650 FAIRWAY DRIVE EVANSVILLE, IN47710			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>indicated QMA # 1 and all nursing staff were inserviced regarding correct medication administration.</p> <p>This federal tag relates to Complaint IN00090565.</p> <p>3.1-25(b)(9) 3.1-48(c)(2)</p>				<p>QMA's were 1 on 1 re-educated regarding scope of practice with DNS/DNSS/Designee this included that QMA is to get a licensed Nurse when a resident is requesting a PRN medication, this was completed on 05-25-11. Education included scope of practice for QMA's: · QMA Cannot assess for PRN medications pre and post. · The Licensed nurse must perform assessment pre and post PRN medication. · Licensed Nurse must complete documentation of assessment on back of MAR or in nurse's notes. Licensed Nurses and QMA's were re educated by DNS/DNSS/Designee completed on 05-25-11 on: · 5 Rights of Medication Administration to include:· Right Resident· Right Dose· Right Medication· Right Route Right time4.DNS/ADNS/Designee will use the: Quality Performance Tool-Medication Pass Observation to focus on QMA, but will include all staff that dispense medications 3wxkx4weeks, 1 QMA or Nurse 1wxkx4week by DNS/ADNS/Designee. Any errors noted will result in one on one re education with DNS/DNSS/Designee. · Quality Improvement Tool Medication Errors will be completed by DNS/ADNS/Designee to focus on QMA's but will include all staff who dispense medications 2wxk4wks; 1wxkx4wk any errors noted will result in one on one re education</p>		



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/10/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155148		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/24/2011	
NAME OF PROVIDER OR SUPPLIER  NORTH PARK NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 650 FAIRWAY DRIVE EVANSVILLE, IN47710			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
F0425 SS=D	<p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p>		F0425	<p>with DNS/DNSS/Designee. · Quality Performance Improvement tool for Assessments will be completed by DNS/ADNS/Designee 2wxkx4weeks, then 1wxkx4weeks on 5% of charts. Any errors noted will result in one on one education with DNS/DNSS/Designee. Results from audits will be reviewed during monthly facility QAA committee meetings. QAA committee will determine if any other further monitoring is necessary. 5. Compliance date will be 06-21-11.</p> <p>It is the facility policy to provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biological) to meet</p>		06/21/2011	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155148		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 05/24/2011	
NAME OF PROVIDER OR SUPPLIER  NORTH PARK NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 650 FAIRWAY DRIVE EVANSVILLE, IN 47710			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>Based on observation, interview, and record review, the facility failed to ensure the pharmacy communicated with facility staff regarding providing an antibiotic in a different concentration than what was ordered, for 1 of 10 residents reviewed during a medication pass. Resident D</p> <p>Findings include:</p> <p>1. On 5/24/11 at 10:15 A.M., the corporate consultant provided the current facility policy on "Components of the Pharmacy Program," undated. The policy included: "...a team of pharmacists and pharmacy technicians fill resident prescriptions according to physician instructions...The pharmacy reviews all medications at the time of filling and will notify facility in writing of any incompatibilities...."</p> <p>2. On 5/23/11 at 11:25 A.M., during a medication pass, RN # 1 was</p>				<p>the needs of each resident. 1. Resident D received Vancomycin 250mg in 10ml instead of ordered dosage of 250mg in 5ml. As ordered by Physician. Resident received correct dosage of 250mg. No adverse effects from ml. Dosage change. 2. 100% Audit will be completed by Pharmacy to include all Medications and current orders are correct. Licensed Nurses were re educated on reviewing of the Physician's order, ordered dosage, and to report any discrepancy to the Physician and clarify order with Physician before giving medication - completed by DNS/DNSS/Designee on 5-24-11. Pharmacy will notify facility if they mix a drug of different concentration than was ordered by physician. Nurses educated on Pharmacy notification completed by DNS/DNSS/Designee on 5-24-11. 3. 100% Audit will be completed by Pharmacy to include all Medications and current orders are correct. Licensed Nurses re educated on reviewing Physician's orders to compare to medication and any discrepancy to clarify with Physician before giving completed by DNS/DNSS/Designee. Pharmacy will notify facility drug is mixed in a different concentration than was ordered. Nurses educated on</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155148		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 05/24/2011	
NAME OF PROVIDER OR SUPPLIER  NORTH PARK NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 650 FAIRWAY DRIVE EVANSVILLE, IN 47710			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>observed to prepare to administer Resident D a dose of Vancomycin [antibiotic]. The label on the bottle indicated, "Vancomycin 250 mg/ 10 ml." Prior to administering, RN # 1 indicated the Medication Administration Record [MAR] had conflicting documentation. The MAR indicated, "Vancomycin 250mg/5 ml." RN # 1 then phoned the pharmacy, and indicated the pharmacist told her, "It comes in different concentrations, and the pharmacy sent it in 10 ml instead of 5 ml." RN # 1 indicated she would have to write a clarification order.</p> <p>The clinical record of Resident D was reviewed on 5/23/11 at 12:50 P.M. A Physician's order, dated 5/20/11, indicated, "Vancomycin 250 mg/5 ml...."</p> <p>An additional Physician's order, dated 5/23/11 at 12:10 P.M., indicated, "Clarification per [name] @ pharmacy: Vancomycin 250 mg/10 ml. Give 10 ml [every 6 hours], mix [with] 30 cc juice...."</p>				<p>Pharmacy notification completed by DNS/DNSS/Designee. This was completed on 5-24-11.</p> <p>4. DNS/ADNS/Designee will use the: · Quality Performance Tool-Medication Pass Observation to include focus on the QMAs and other staff who dispense medications 3xwx4weeks, 1 Nurse or QMA 1xwx4week by DNS/DNSS/Designee. Any errors noted will result in one on one re education with DNS/ADNS/Designee. · Quality Improvement Tool Medication Errors will be completed to focus on QMA and other staff who dispense medications by DNS/ADNS/Designee 2xwx4wks; 1xwx4wk any errors noted will result in one on one re education with DNS/DNSS/Designee. · Quality Performance Improvement tool for Assessments will be completed by DNS/ADNS/Designee 2xwx4weeks, then 1xwx4weeks on 5% of charts. Any errors noted will result in one on one education with DNS/ADNS/Designee. Results from audits will be reviewed during monthly facility QAA committee meetings. QAA committee will determine if any other further monitoring is necessary. 5. Compliance date will be 06-21-11.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155148		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 05/24/2011	
NAME OF PROVIDER OR SUPPLIER  NORTH PARK NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 650 FAIRWAY DRIVE EVANSVILLE, IN47710			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0514 SS=D	<p>On 5/24/11 at 10:15 A.M., the corporate consultant indicated she would have expected the pharmacy to notify the facility if they mixed a drug in a different concentration than what was ordered.</p> <p>This federal tag relates to Complaint IN00090565.</p> <p>3.1-25(j) The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on interview and record review, the facility failed to ensure pain medication was charted as given in the nurses notes or on the medication administration record, for 1 of 4 residents reviewed for complete documentation, in a</p>			F0514	<p>It is the facility policy to ensure that pain medication is charted as given in the nurse's notes or on the medication administration record. 1. Resident C: First medication error occurred at 1010. Assessment was done by LPN at 1100 which revealed vital signs as follows: BP (158/74), Heart Rate (88), Respirations (36), Oxygen Saturation (92%), Temperature AX (97). At 1455 the second medication error</p>		06/21/2011

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155148		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 05/24/2011	
NAME OF PROVIDER OR SUPPLIER  NORTH PARK NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 650 FAIRWAY DRIVE EVANSVILLE, IN47710			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>sample of 4. Resident C.</p> <p>Findings include:</p> <p>1. On 5/23/11 at 2:00 P.M., the corporate nurse provided the current facility policy on "Medication Administration," undated. The policy included: "...After the resident has been identified, and the medication has been given, the nurse must immediately chart, doses administered on the medication administration record. It is recommended that medication be charted immediately after administration...PRN [as needed] medications are to be charted on the medication administration record. A nursing assessment of the resident and symptoms prior to administration and results are to be documented. Complete documentation of PRN administration must be documented in the nurses notes, or in the area provided for PRN documentation on the medication administration</p>				<p>occurred. Assessment was done by LPN at 1630 which revealed vital signs as follows: BP (141/90), Heart Rate (89), Respirations (18), Oxygen Saturation (92%), Temperature (97.5).Resident C was a Hospice resident, was in active phase of dying when errors occurred, resident expired on 5-12-11 - 2 days post medication errors. 2. On 5-20-11 a 100% audit was completed by DNS/DNSS/Designee on all narcotic medications, both tablet and liquids, with no errors found.Licensed nurses and QMAs were re-educated on the following by the DNS/DNSS/Designee on 5-23-11: 1.Review of scope of practice for QMAs 2.QMAs cannot assess for any use of PRN medications 3.Charge Nurses must assess prior to and after medications have been administered and document the need for PRN medications on back or MAR or in the nurse's notes.QMA's were 1 on 1 re-educated regarding scope of practice with DNS/DNSS/Designee - this was completed on 05-25-11. Education included scope of practice for QMA's: · QMA Cannot assess for PRN medications pre and post. · The Licensed nurse must perform assessment pre and post PRN medication. · Licensed Nurse must complete documentation of</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155148		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 05/24/2011	
NAME OF PROVIDER OR SUPPLIER  NORTH PARK NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 650 FAIRWAY DRIVE EVANSVILLE, IN47710			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>record...."</p> <p>2. The closed clinical record of Resident C was reviewed on 5/23/11 at 1:00 P.M.</p> <p>A Physician's order, dated 5/9/11, indicated, "Roxanol 20mg/cc 1/4 cc q [every] 1 hour prn [as needed] pain, air hunger...."</p> <p>A narcotic sign-out log indicated Resident C received Roxanol on 5/10/11 at 10:10 A.M., 2:55 P.M., and 4:30 P.M.</p> <p>Nurses Notes indicated the following notations:</p> <p>5/10/11 at 11:00 A.M.: "Family @ bedside...Comfort measures continued. Not eating, Oral care given...."</p> <p>5/10/11 at 4:30 P.M.: "...Roxanol adm [administered] for [signs and symptoms] of discomfort... Will continue to monitor."</p>				<p>assessment on back of MAR or in the nurse's notes. Licensed Nurses and QMA's were re educated by DNS/DNSS/Designee completed on 05-25-11 on: · 5 Rights of Medication Administration to include:· Right Resident· Right Dose· Right Medication· Right Route· Right time 3. Pharmacy will complete 100% audit of medication carts, check orders and Medication Administration Log to ensure compliance to be completed by 06-15-11. Licensed nurses and QMAs were re-educated on the following by the DNS/DNSS/Designee on 5-23-11: 1. Review of scope of practice for QMAs 2. QMAs cannot assess for any use of PRN medications 3. Charge Nurses must assess prior to and after medications have been administered and document the need for PRN medications on the back of MAR or in the nurses notes. 4. Licensed Nurses must visually review any PRN medication before administration of medication to resident, if given by QMA. 5. Licensed Nurse to document date and time of administration of PRN medication. QMA's were 1 on 1 re-educated regarding scope of practice with DNS/DNSS/Designee - this was completed on 05-25-11. Education included scope of practice for QMA's: · QMA Cannot assess for PRN</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155148		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/24/2011	
NAME OF PROVIDER OR SUPPLIER  NORTH PARK NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 650 FAIRWAY DRIVE EVANSVILLE, IN 47710			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
	<p>Further documentation of the Roxanol administration on 5/10/11 was not in the nurses notes.</p> <p>The Medication Administration Record [MAR], dated May 2011, indicated, "Roxanol 20mg/cc 1/4 cc [every 1 hour] PRN pain, air hunger." The MAR had an initial dated 5/10/11 and untimed. The reverse of the MAR lacked documentation of the time, reason, or results of the Roxanol.</p> <p>On 5/23/11 at 2:00 P.M., during an interview with the corporate nurse, she indicated nursing staff should document the administration of a PRN medication on the back of the MAR, and nursing staff was inserviced regarding that policy.</p> <p>This federal tag relates to Complaint IN00090565.</p> <p>3.1-50(a)(1)</p>			<p>medications pre and post. · The Licensed nurse must perform assessment pre and post PRN medication. · Licensed Nurse must complete documentation of assessment on back of MAR or in the nurse's notes. Licensed Nurses and QMA's were re educated by DNS/DNSS/Designee completed on 05-25-11 on: · 5 Rights of Medication Administration to include: · Right Resident · Right Dose · Right Medication · Right Route Right time4.DNS/ADNS/Designee will use the: · Quality Performance Tool-Medication Pass Observation to focus on QMA and other skilled staff who administer medications as follows: 3wxkx4weeks, 1wxkx4week by DNS/DNSS/Designee. Any errors noted will result in one on one re education with DNS/DNSS/Designee. · Quality Improvement Tool Medication Errors will be completed by DNS/DNSS/Designee to focus on QMA and other skilled staff who administer medications as follows: 2wxkx4wks; 1wxkx4wk any errors noted will result in one on one re education with DNS/DNSS/Designee. · Quality Performance Improvement tool for Assessments will be completed by DNS/DNSS/Designee 2wxkx4weeks, then 1wxkx4weeks on 5% of charts.</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/10/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155148		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 05/24/2011	
NAME OF PROVIDER OR SUPPLIER  NORTH PARK NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 650 FAIRWAY DRIVE EVANSVILLE, IN47710			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
					Any errors noted will result in one on one education with DNS/DNSS/Designee. Results from audits will be reviewed during monthly facility QAA committee meetings. QAA committee will determine if any other further monitoring is necessary. 5. Compliance date will be 06-21-11.		